

INDIANA DEPARTMENT OF INSURANCE
ATTN: TITLE INSURANCE DIVISION
311 WEST WASHINGTON STREET, SUITE 300
INDIANAPOLIS, IN 46204-2787
317-234-5153 Phone 317-234-5882 Fax
Email: bayoung@idoi.in.gov

TITLE INSURANCE COMPLAINT FORM

In response to your request for assistance, please fill out this complaint form and return it to the above address.

**COMPLETE BOTH PAGES OF THIS FORM
TYPE OR PRINT CLEARLY IN BLACK INK**

Your Name: _____

Your Address: _____

City _____ State _____ Zip Code _____

Email Address (if applicable): _____

Daytime Phone Number: (____) _____ - _____

Name of title Insurance Company _____

Address: _____

Commitment/Policy Number: (if available) _____

Complaint is regarding:

_____ Closing

_____ Taxes, Survey, Legal Description

_____ Fraud

_____Other

Please provide us with the following paperwork (if available)

Settlement or Closing Statement

Title Commitment or Policy

Surveyor Location Report (if applicable to complaint)

Payoff Letter (s) from your lender (s)

Any other paperwork to help assist in our investigation

Briefly describe your problem. If more space is needed, please attach additional sheets.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date: _____

Signature _____

If you have any questions, please call 317-234-5153